

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045049
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 321 Primary Registration District No. 4450 Registrar's No. 82

FILED DEC 6 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) Doniphan		c. CITY OR TOWN Doniphan	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Ripley County Mem. Hosp.		d. STREET ADDRESS (If outside, give location) Route # 2	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) James Elvis Mobley		4. DATE OF DEATH Month Nov. Day 29 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-16-05
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Live stock farmer		11. BIRTHPLACE (City and state or country) Paragould, Ark.	
13a. FATHER'S NAME James E. Mobley		14. NAME OF HUSBAND OR WIFE Bethel Mobley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		17. INFORMANT Bethel Mobley Rt. 2 Doniphan, Mo.	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 24 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Bleeding from 11/22/63 + Vagotomy + Antacids		DUE TO (c) Bleed duodenal ulcer	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Doniphan, Mo.
21. I attended the deceased from 11/15/63 to 11/29/63 and last saw her him alive on 11/29/63		Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Frank Johnson M.D.		22b. ADDRESS Doniphan, Mo.	
22c. DATE SIGNED 12/2/63		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-1-63	23c. NAME OF CEMETERY OR CREMATORY Doniphan Cemetery	23d. LOCATION (City, town, or county) Doniphan, Missouri
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 12-1-63	
26. REGISTRAR'S SIGNATURE Flava Broz			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DEC 12 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gene H. Parrent

Licensed Embalmer No. 4809

P. O. Address Raylar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.